

Supplemental Application Data Sheet

Application Information

Application number::	<u>10/564,497</u>
Filing Date::	09/08/06
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	Methods for Treating Vascular Diseases
Attorney Docket Number::	00786/443002
Request of Early Publication?::	No
Request of Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Randall

Middle Name:: T.

Family Name:: Peterson

Name Suffix::

City of Residence:: ~~Stoneham~~Belmont

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: ~~42 Perkins Street~~90 Wellesley Road

City of mailing address:: ~~Stoneham~~Belmont

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: ~~02180~~02478

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Calum

Middle Name:: A.

Family Name:: Macrae

Name Suffix::

City of Residence:: Newton Center

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 142 Truman Road

City of mailing address:: Newton Center

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stanley

Middle Name:: Y.

Family Name:: Shaw

Name Suffix::

City of Residence:: Chestnut Hill

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 12 Larkin Road

City of mailing address:: Chestnut Hill

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02467

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: J.
Family Name:: Milan
Name Suffix::
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 396 Beacon Street, # 3
City of mailing address:: Boston
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Travis
Middle Name:: A.
Family Name:: Peterson
Name Suffix::
City of Residence:: Naperville
State or Province of Residence:: IL

Country of Residence:: US
Street of mailing address:: 25 West 200 Highview Drive

City of mailing address:: Naperville
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60563

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: C.
Family Name:: Fishman
Name Suffix::
City of Residence:: Newton Center
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 43 Kenwood Avenue
City of mailing address:: Newton Center
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02459

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/ US04/020893	06/30/04
PCT/ US04/020893	An application claiming the	60/486,964	07/14/03
	benefit under 35 USC 119(e)		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignee Information

Assignee name::	The General Hospital Corporation
Street of mailing address::	55 Fruit Street
City of mailing address::	Boston
State of Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02114